

THE PROPHYLAXIS OF VENEREAL DISEASE. *

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IN no profession or calling may it be more truly said that Altruism finds its highest development than in that of the medical man.

Our constant aim and ambition is to modify and prevent the causes of disease, as well as the disease itself. Thus we are constantly striving to prevent the conditions, in the combatting of which we find our sustenance. Preventive medicine, then, is essentially the watchword of the practice of medicine in the 20th century of human progress.

In justification of the selection of the subject of this paper, with which to occupy your attention for a brief period, it may be permitted to present certain facts and opinions culled from various sources.

In order that, in our contemplation of the onward march of the infectious and contagious diseases afflicting humanity, we may not underestimate the importance of the position occupied by venereal disease, I submit the following: Morrow states that one-eighth of all the patients in the New York hospitals suffer from venereal diseases, or their consequences. He estimates that from 60 to 80 per cent of stillbirths are due to syphilis, and regards rickets as almost exclusively due to the same cause. He has seen more than 50 cases of extra-genital syphilis among medical men. Bulkeley of New York is so impressed with the prevalence of syphilis *in sonitum*, that he seriously recommends its removal from the category of venereal diseases. Neisser places gonorrhea next to measles in the order of prevalence of contagious diseases, and claims, further, that in some European cities three-fourths of the population have had the disease. He holds that gonorrhea is a more potent factor in depopulating countries than syphilis, 30 per cent of sterile marriages being due to gonorrhea. Saenger found one-eighth of his gynecologic cases gonorrheal. Other German authorities assert that 80 per cent of deaths from diseases of the uterus and adnexa are primarily due to gonorrhea. It is estimated further that from 40 to 80 per cent of the cases of metritis, endometritis and parametritis, resulting in sterility, are due to gonorrhea. Busch and Fuerbringer estimate that 90 per cent of the cases of azoospermia are due to gonorrhea. Well do I recall the rude awakening caused at the time by Noeggerath's published statement that three-fourths of all miscarriages, at or before the third month of pregnancy, were due to latent gonorrhea in the male. Neisser reports that there are to-day in Germany 30,000 blind as a result of gonorrheal ophthalmia, and that before the

inauguration of the Crede method of treatment, 10 to 20 per cent of the inmates of the blind asylums were there from the same cause. Fournier believes one-seventh of Paris to be syphilitic. By some authorities syphilis is regarded as being twenty times more contagious than tuberculosis, and almost as severe in its ravages. Cunningham, commenting on the health of the British army in India in 1895, states that over 53 per cent had gonorrhea. If we are to judge even approximately of the conditions among our own soldiery, which passed through here *en route* to the Philippines, at least 75 per cent of the first contingent leaving this port were suffering from venereal disease. The above facts prove the conditions to be truly appalling. They give to venereal diseases the hideous distinction of being second on the list of endemic contagious diseases, responsible for a large individual proportion of deaths of the human race, tuberculosis being first.

It is to be hoped that the contemplation of these data will not result in a benumbing of the perceptive faculties and a begetting of indifference. It is easy for us to sit passively regarding the inevitable results of what is, doubtless, held by the vast majority of medical men and laymen as a necessary evil.

I do not appear before you as a prophet out of the wilderness preaching a new doctrine, or offering any essentially new ideas or suggestions. It is with the aim of awakening your latent consciousness to the distressing, and regarded from the standpoint of economics, disastrous consequences following in the wake of venereal contagion; and, as far as may be, to cause you to realize how great a power, properly applied, for the amelioration of these conditions lies within you.

The impetus for bringing about this change must spring, logically, from a united medical profession. As familiars with the minutiae of these diseases, the general public, the law-making and regulative bodies, must depend upon us for information and suggestions as to the details for their curtailment, if not prevention. The proletariat, always apathetic and indifferent to its own welfare, may never be depended upon to do more than follow its instincts and impulses in matters concerning indiscriminate sexual gratification, without heed as to consequences or penalties. The initiative must spring from us.

Assuming, for present purposes, that prostitution, open or secret, is a human necessity, how shall we best proceed in order to minimize and neutralize the evils consequent upon the practice? The cruelties of the English and French rulers of the Middle Ages, who gathered all the prostitutes and either drove them into the mountains to perish by exposure and starvation, or into the sea to drown, may not be practiced to-day, irrespective of their efficacy.

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A sub-committee, consisting of Drs. Morrow, Fowler and Weiss of New York City, appointed for the purpose of ascertaining the best means for the prophylaxis of venereal diseases, approached the solution of the problem by sending out a series of questions to physicians. To this they received 1,065 responses. Of these, 340 recommended the regulation of prostitution by a system similar to the French, viz, police inspection, regular medical examinations and a strict isolation of the diseased; 203 recommended segregation of prostitutes, after the manner of the Yoshiwara in Yokohama; 152 recommended regulation of those suffering from venereal disease through the medium of the Health Department. To this department physicians are to report the nature and origin of each case.

Let us, for a moment, consider these recommendations a little more closely. First as to the regulation of open prostitution. The system prevalent in France also exists in Belgium, Germany, Austro-Hungary, Russia, Spain and Portugal. It was adopted in England in 1860 and abandoned in 1881; Norway and Italy passed through a similar experience for the same period; Italy re-established the system in 1891. Each of these countries unite in acknowledging serious defects in the system: First, that it gives an unusual power into the hands of the police, who are prone to and do misuse the same; the medical inspection, even under the most favorable circumstances, offers no absolute security; the isolation of those affected is ridiculously inadequate, and, in any event, the system does not include the infected males. Outweighing all of these objections is the one that the entire system places a premium on secret prostitution. The enforced isolation, where the affection is slight, is naturally regarded as exceedingly irksome by this class, with the consequence that escape from the confinement forces these unfortunates into the ranks of secret prostitution. Through this agency the likelihood of the spread of disease is increased many fold.

Next, as to segregation. This places a premium on prostitution itself; affords a well-known locality to which the voluptuary may at all times have ready access. As a matter of fact, prostitution is self-segregating in most communities. In the general localities where prostitutes may be found they are there by a process of natural selection, similar to that which brings the various foreign elements together in our larger cities. Western Anglo-Saxon ideas of the proprieties have not yet reached the degree of tolerance of those of the Far East, which would, even tacitly, sanction or connive at the establishment of a Yoshiwara in our midst. Such a plan breeds a familiarity with the evil in the minds of our youth, crystallizing their attention in that direction. From use of the settlement as a show-

plague-spot, after the fashion with the purloins of our own Chinatown, the next step in the gratification of the morbid curiosity would be to enter the portals.

Surrounding the reporting of cases with secrecy tends to cause the indigent to yield more willingly to hospital confinement and adequate treatment. The most degraded possess an innate repugnance to having their physical ailments of this nature flaunted publicly, and their personality associated with a loathsome disease. Infinite, patient perseverance and tact are to be exerted to bring about the desired condition. The best efforts of the deepest thinkers have been applied, as yet unsuccessfully, to the solution of this problem, hence it may be expected that we shall stumble and fall by the way many times before attaining a Utopia. When we shall have succeeded in having such recognition of our importance accorded, as the establishment of a Department of Public Health at Washington, and have a representative in the Cabinet, we may reach the millennial condition of uniform laws on sanitation and hygiene, which shall apply to our country as a whole. Laxity in one community and stringency in another will simply tend to concentrate profligacy and licentiousness in the former, with a concomitant increase in the amount of venereal disease.

Under the head of regulation, all recent students of the evil, prostitution, are agreed that it may be best restricted by education.

Dyer recommends "that this education begin at home. A spirit of tolerance toward fallen women is to be inculcated, and not one of abhorrence. Our youth, at puberty, and even before, is to be instructed in the physiology of their sexual functions, and the dangers of illicit indulgence of that function pointed out to them. Some practical form of instruction is to be applied to criminals in corrective institutions, and to inmates of orphan asylums. Legislators and health authorities are to have their beneficent attention aroused, and ways pointed out to them for the creation and application of laws for the betterment of our social conditions in this regard. Reform must come from gradual adaptation, and not from any violent measures. Prostitutes are to be offered opportunities of education along lines of interest, and are to have access to unadvertised homes, to which they may resort," *without the feeling that they will be embarrassed with reform-propaganda during their sojourn.*

"Recognize sexual perversion as a disease. Require all cases of venereal disease, in those not well-to-do, to enter a hospital and remain until cured. Make the transmission of venereal disease punishable by fine and imprisonment."

The last proviso is a law in Austro-Hungary. By way of illustration, I recall having seen a case in a Vienna clinic of an unfortunate house-

maid with an initial lesion just within the nostril, inoculated from the finger-nail in picking the nose. The infectious material was gathered on the nail from a sink which she was obliged to clean, the same having been used by a young man in her employer's family, who was in the habit of cleansing his penile chancre in this sink. The man was fined and imprisoned for his selfish carelessness.

The final recommendations in the report above mentioned, were, "that the regulation and prophylaxis of venereal disease should be wholly in the hands of the Board of Health. Physicians should be required by law to report the nature and source of all cases of venereal disease, suppressing the name of the individual. All hospitals and dispensaries are to be required to report their cases of venereal disease. A separate bureau, in the Health Department, is to be established, with its separate inspectors, proficient in their knowledge of venereal disease, with a laboratory fully equipped for making all necessary examinations of secretions. Brothel-keepers are to be required to report all cases of venereal disease occurring in their houses, subject to fine for neglect of the same. Hospital facilities are to be increased. The penalizing of transmission is not regarded as feasible. Minors are to be safeguarded by being sent to a protectory. The age of consent is to be raised, and procuring is to be severely punished."

Under the caption of education the report recommends "the thorough instruction of medical students and young men in the high schools on the dangers arising from licentious living. The idea that sexual intercourse is essential to health, or that gonorrhea is a trivial ailment, is to be vigorously combatted." To quote Gowers: "No man was ever made worse by continence or better by incontinence." The report recommends finally, as the most effective method of preventing the dissemination of venereal disease, "the prompt sterilization of the source, by treatment. Patients are to be instructed as to the dangers from contagion, and midwives as to the dangers from ophthalmia. Each general hospital receiving State or municipal aid should be required to open its doors widely to cases of venereal disease. Advertisements in the press, or near urinals, of 'infallible remedies' and 'sure cures' should be suppressed, and—(*last, but not least*)—druggists should be prohibited from prescribing for venereal diseases."

Bulkeley recommends that the legal control of syphilis should have first place among contagious diseases under the control of the Health Board.

To enlarge a little upon certain of the above regulations. It is a patent fact that hospital accommodations for those afflicted with venereal disease are notoriously inadequate. The majority

of such cases requires, as an important part of its rational therapy, rest in bed. The enforced omission of this part of our therapeutic armamentarium I regard as responsible for the unreasonable prolongation of many of my dispensary cases of gonorrhea, and for numerous remissions during the progress of the disease. These unfortunates, with patience exhausted by the prolonged course of the disease, or lulled into a sense of false security by the momentary disappearance of the discharge from the urethra, vanish from the clinic. The latter class is unquestionably an important factor in the propagation of the disease.

Subject to the normal effect exerted by hospital isolation, as well as the opportunity for daily inspection and modification of the therapy, coupled with the easy regulation of the personal hygiene of the individual, I feel certain that, with adequate hospital facilities, the percentage of uncured or latent cases would be reduced to the vanishing point. Hospital confinement cannot be supplanted, even by daily inspection at a clinic for ambulant cases, for reasons above stated.

In Paris but between 1,000 and 2,000 beds are devoted to syphilitic cases. In Berlin still fewer. In New York City, I feel safe in saying, the number would fall short of 500, whereas in San Francisco, certainly not 100 beds are devoted exclusively to the care of venereal diseases. These apply naturally to eleemosynary institutions. In contrast to the figures above presented stand the estimates as to the prevalence of venereal disease in our midst. Facts and statistics are superfluous, however, to cause each of us to realize how ridiculously inadequate are the provisions made for the proper housing alone, of those requiring suitable treatment for venereal disease. This we know from our daily observation. Moral considerations may, and should be, relegated to second place in handling these conditions.

The effective productiveness of the laboring classes suffers serious inroads on time and work from incapacitation due to venereal disease. Approximate estimates of the amount of money lost through detention of the laborer from work for this cause have been made by statisticians. The result in actual money loss exceeds six figures.

In our army during the Hispano-American war, regiment commanders punished the acquisition of venereal infection, because open acknowledgment of the existence of the disease in the individual meant temporary retirement from active duty, and *eo ipso* a reduction in the fighting force. Thus commanding officers, in numerous instances, refused to acknowledge the presence of venereal disease in the ranks, and a premium was placed on the secretiveness of the men.

The potential seriousness of gonorrhea, and the subsequent pathological possibilities, are surely sufficiently well-recognized at the present to prevent the egregious error on the part of the medical man of treating the matter flipantly, or minimizing its dangers to his patient. The individual should have constantly kept before him the seriousness of his infection, that he may not be remiss in any particular as to his part in the conduct of the case. Neither sentiment nor ingenious pleading should be allowed to interfere with the continuance of a rigid sexual quarantine toward the close of an infection. Not until every doubt has been satisfied, and every expedient resorted to, to establish a complete cure should the embargo be raised.

Counter-prescribing on the part of druggists has already been referred to. Doubtless as long as secret nostrums are permitted to be advertised a demand will exist, which renders the druggist the natural and willing channel of supply. That paternal form of government existing on the continent of Europe, which publishes the formulas of all proprietary remedies, after analysis by Government chemists, giving ingredients and actual market-value, might have a deterrent effect in our own country on the too ready sale of nostrums.

Then, I would refer to that spirit of narrow-minded selfishness which, without adequate diagnostic equipment or knowledge, or due regard for the welfare of the unfortunate, presumes to prescribe a syringe and an injection, and turns the patient loose upon himself, so to speak. The possible complications following such injudicious and defective therapy are too numerous to mention.

Laws similar to those regulating the division of labor in all walks of life should apply equally in medicine. The field is so vast, and is growing so rapidly, that no one man may presume to be familiar with more than a moderate portion of the whole. Therefore it is but logical that some should possess more extended knowledge and be better equipped in certain therapeutic resources than others. On this ground, in the matter of venereal diseases, I plead for a more honest introspection on the part of the medical attendant; a more sensitive conscience, which shall not cause him to waver as between his income and his duty. Let him be honest with himself, and if he realize his own shortcomings, let him consider his patient's best interests by placing the latter in the hands of one who is competent to meet all contingencies. This course should contribute greatly in reducing the number of those treated imperfectly or by thumb-rule.

The very list of remedies alone, recommended for the treatment of gonorrhea is *prima facie* evidence of the non-specificity of any one. Hence

the necessity for wise judgment, and a most careful empiricism based on extended observation.

In the matter of education not purely medical, beginning with the duties presumably assigned to our Honorable Committee on Education and Medical Legislation. Since we have achieved one great goal, for which we have so long and so patiently striven in this State—the regulation of medical practice—I would urge upon the gentlemen composing the present as well as future committees the great necessity for enlightening our municipal and State lawmakers upon the crying needs of at least increased hospital facilities for the adequate care of those afflicted with venereal disease. Let the Boards of Education themselves, throughout the State, be educated as to the necessity of imparting judicious information to the pupils in the higher grades under their jurisdiction, on sexual physiology and hygiene, and the dangers lying in licentiousness. Let this be done through the medium of a properly qualified medical man. Then following the good work still further, let each of us constitute himself a committee of one to counsel wisely with the fathers of families in these matters, that they in turn may begin with their own sons—and through their wives—with their daughters, at a rational age, making no mawkish mystery of sexual physiology and hygiene, but explaining and guiding. Many parents, through a misconception of the proper attitude toward their children, never allude to that phase in the material development of their offspring. The uniform result is that knowledge of a distorted and vicious nature is absorbed from unworthy and debased sources, which knowledge is applied to perverse practices at the earliest opportunity. The infectious results from licentiousness are scrupulously concealed from the parent; treatment of an imperfect or pernicious character is sought through the misguided suggestions of some friend; resort is had to a proprietary nostrum, or to an advertising harpy, who, making a prey of his unfortunate victim, despoils him, only to turn him adrift after a season, usually much depreciated physically. Patients are continually appearing in dispensary practice that have either used some proprietary nostrum, or have fallen into the hands of a quack, when, after having lost valuable ground, and probably developed complications, in desperation resort to the clinic.

My feeble words cannot paint the picture in lines sufficiently striking to make an adequate impression upon my colleagues. The need is great for improvement in the conditions regulating venereal disease. My conviction is that the most effective methods for combatting the undesirable features, and improving those already working fairly well—for no perfect system, in part or as a whole, may be said to have been evolved as yet—will be found in heightening the

standards of education as to the prophylaxis of venereal disease, and providing ample facilities for throttling the sources of infection through proper treatment. Such methods as these must be carried to their highest perfection in order to be successful, until that millennium shall have arrived when civilized humanity will become artificially immunized against all forms, or at least the venereal form, of microbic infection.

REFERENCES.

- Morrow, *Philadelphia Medical Journal*, April 6, 1901.
 Morrow, *Philadelphia Medical Journal*, December 1, 1901.
 Dyer, *Philadelphia Medical Journal*, February 10, 1900.
 Egan, *American Medicine*, December 14, 1901.
 Hammond, *New York Medical Journal*, August 5, 1899.
 Hill, *Lancet*, p. 570, 1871.
Medical News, p. 961, 1901.
Philadelphia Medical Journal, December 1, 1901.
Muenchen Medical Wochenscher, p. 143a, 1901.
Southern California Practitioner, December, 1901.
 Bulkeley, *Journal American Medical Association*, April 6, 1901.

DISCUSSION.

Dr. George Chismore, San Francisco—Unavoidable absence during the reading of the earlier portions of Dr. Spencer's paper makes it impossible for me to properly discuss its merits. With the parts I heard I fully agree. All over the world the attention of medical men is notably directed to this subject. Local and national societies have been formed and attempts made to devise practicable measures for restricting the spread of venereal diseases. All admit that legal control is a most difficult problem, and the results so far obtained are, to say the least, doubtful. Japan has, I believe, of all nations, the best laws on this matter. Many things conspire to make them effective—the strong central government, the temper and customs of the people. Yet, though they have been in force many years, venereal diseases are still very prevalent. I fully agree with Dr. Spencer in contending that it is the duty of all physicians to consider this subject and strive to aid progress, but in our present knowledge, when a doctor has fairly warned his client of his danger, to me, he seems to have done all that is practicable.

Dr. Krotoszyner, of San Francisco—I fully agree with Dr. Chismore's views upon the subject, and can only offer one more suggestion which it seems to me would offer good results in preventing the spread of venereal diseases. There ought to be a course of public lectures given annually to the educated laity at large—lectures that deal with the most pertinent points as regards the pathology and prophylaxis of venereal diseases. Such lectures have been inaugurated and delivered by the best authorities on the subject in several European cities, and the same procedure was lately adopted in New York, if I am not mistaken. While the time is too short since the commencement of these lectures to rate their value statistically upon the decrease of venereal diseases, the idea strikes me to be a rational one. If we are able to spread the knowledge upon the etiology and dangers of venereal diseases among the educated laity, and through this source to the large masses of the ignorant public, we may thus be enabled not only to diminish the fearful increase of sexual disease, but also to remove from the mind of the general public as well as from that of our own profession the stigma that venereal affections are a disgrace, while we ought to look upon sufferers from such disease rather as unfortunates, and treat them with the same care and charity in our hospitals and kindred institutions as those affected with any other disease.

Dr. D. W. Montgomery, of San Francisco—The control of venereal diseases by law is, I think, hopeless. In the diseases gonorrhea, syphilis and chancroids we have affections that allow the patients to pursue their vocations without, as a rule, giving any outward signs of their trouble; their physician, in whom they confide, is in honor bound not to denounce them. In the few cases where the malady comes to the notice of public officials it would be impossible to imprison the syphilitic patients for the length of time, say for one or two years, during which they are dangerous. The establishment of clinics for the cure of this disease is probably the best prophylactic measure that has been devised. Almost all of the clinics, however, are only open during the day, and a man dependent on his work for his daily bread cannot afford to attend them for any sufficient length of time. As for women, they have a natural dislike of attending a public clinic, especially when afflicted with what is looked upon as a shameful disease. As far as public lectures on these diseases are concerned, I doubt if they would accomplish much good. There should be provision made in the public hospitals for treating venereal diseases; instead, however, it is expressly stated that these diseases, as such, must not be admitted. It is only when they develop complications that can be designated by other names that they may be cared for. I remember the case of a girl with a chancre of the lip, which was probably innocently acquired. It was with great effort I had her admitted to a public hospital, and when admitted she was put in the diphtheria ward.

Dr. Spencer—I agree with Drs. Chismore, Krotoszyner and Montgomery in regard to regulation by law. It must be more in the manner of moral influence and teaching. Dr. Krotoszyner referred to public lectures. I do not agree with that. I think it would be a safeguard if the man doing the lecturing should be selected by the health authorities to teach. As to Dr. Montgomery's remarks, a man with chancre usually does not go around much; but with gonorrhea he may go around and spread the seed.

Dr. George W. Bunn, of the New York Board of Health, has been on this Coast making a study of smallpox, the form of the disease as existing in this and other parts of the country he claims, according to the daily papers, to be new to medical science.

The Federal authorities are preparing to expend \$20,000 a year in scientific investigation of criminology. A laboratory is to be equipped wherein expert criminologists and bacteriologists will study the abnormal American and seek to analyze his characteristics, solve the problems of heredity and environment and propose a new treatment for him.

For a number of years the San Diego County Medical Society has been giving some attention to the gathering of a medical library for the use, not only of the members of the Society, but also the profession throughout the county. The trustees of the new Carnegie library building have set apart one room and the shelving therein for the use of the Society and profession as a library apartment.

A French investigator has recently come to the conclusion that the brains of military men give out most quickly. He states that out of every 100,000 military men of the army or navy 199 are hopeless lunatics. Of the liberal professions, artists are the first to succumb to the brain strain, next the lawyers, followed at some distance by doctors, clergy, literary men and civil servants. Striking an average of this group, 177 go mad to each 100,000.